"Making A Difference (MAD)", "Making Proud Choices (MPC)" Or "Drawing The Line/Respect The Line 6, 7, 8" HIV, STD & Pregnancy Prevention Curricula Trainings Registration Form

	ines for the trainings are indicated below v	with the training site. Please check on
or more.	4-8 & 9-09 "MAD & MPC" (deadli 5-12 & 13-09 "Drawing The Line & 10-14 & 15-09 "MAD & MPC" (dea 11-18 & 19-09 "MAD & MPC" (dead 1-27 & 28-10 "MAD & MPC" (dead	MAD" (deadline 4-12-09) dline 9-15-09) dline 10-21-09)
Name:		
Address:	City	ZIP
School District:	Building:	
Email:	School/Work Phone:	
I have attended a basic AIDS 101	course in the past?YESNO	Number of years ago
(Each	n team member must complete a separate	registration.)
Administrator/Supervisor signatur	re represents approval to use materials in HIV	prevention classes within 12 months.
Participant's Signatur	e Admir	nistrator's Signature
Email address send to if other than	n your school/business email	

PLEASE NOTE: In order for your school district to be reimbursed for substitute teacher pay, during the school year. You will need to bring with you, on school district letterhead, an invoice stating the name(s) of the teacher(s) in attendance, name and dates of class, and the cost of the substitute teacher for the day. It must have an *original signature* of the administrator. The reimbursement will be paid to the school district through the Electronic Funds Transfer (EFT) if possible. Reimbursement will not be paid if this invoice is not brought to the training or received in this office within 14 days of the training date(s). "Making A Difference" and "Making Proud Choices" curricula training <u>CAN</u> be listed on the same invoice. <u>The invoice MUST be datedAFTER the actual training dates.</u>

Return to: Mary Jo Clark

HIV/AIDS Program

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